Revision:	HCFA-PM-91-4 1991	4 (BPD)	ATTACHMENT 2.2-A Page 6a OMB NO.: 0938-
	State:	Mississippi	
Agency*	Citation(s)	Groups Cover	ed
	Α.	Mandatory Coverage - Ca Required Special Groups	ategorically Needy and Other (Continued)
435.121  1619(b)(1 of the Act	-	requirements requirements qualify for be the Act or wh status under Act and who r restrictive re month before SSI under sec requirements Act. Medicaic individuals co continue to m standard or t 1619(b) of the  Aged Blind Disabled  The more res	ho meet more restrictive for Medicaid than the SSI.  (This includes persons who enefits under section 1619(a) of o meet the requirements for SSI section 1619(b)(1) of the met the State's more quirements for Medicaid in the the month they qualified for etion 1619(a) or met the under section 1619(b)(1) of the deligibility for these entinues as long as they seet the 1619(a) eligibility he requirements of section e Act.)  trictive categorical eligibility escribed below:
		(Financial criteri	a are described in <u>6-A</u> ).
*Agency t		eligibility for coverage.	
Supersede	8	proval Date 4-19-93	Effective Date 1-1-92
TN No	87-9 Dat	e Received	HCFA ID: 7983E

Revision:	HCFA-PM-91-4 (BPD) 1991			ATTACHMENT 2.2-A Page 6b OMB NO.: 0938-	
	State:	Mississippi			
Agency*	Citation(s)	Gro	oups Covered		
	A	. Mandatory Cov Required Spec		gorically Needy and Other ontinued)	
1902(a) (10)(A)		14. Qualified s individuals		red blind and disabled	
(i)(II) and 1905 (q) of the Act Social Sec	eligibi 1905(q urity Adm. supple Act or benefi		lity under the )(2) of the Ac- mental payment under section	ding the first month of requirements of section et, received SSI, a State at under section 1616 of the 1212 of P.L. 93-66 or on 1619(a) of the Act and dicard; or	
	<u>۔</u>	be rec Act an	eiving SSI und	ne 1987, were considered to der section 1619(b) of the e for Medicaid. These	
		(1)	blindness or or mental imp	meet the criteria for have the disabling physical pairment under which the as found to be disabled;	
		(2)	nondisability	arnings, continue to meet all 7-related requirements for r SSI benefits;	
		(3)	would not ca	ned income in amounts that suse them to be ineligible for nder section 1611(b) of the	
*Agency t	hat determine	es eligibility for	coverage.		
TN No Supersede		pproval Date4	-19-93 I	Effective Date 1-1-92	
_		ate Received	1-27-92 I	HCFA ID: 7983E	

Revision:	HCFA-PM-91-4 1991	(BPD)  Mississippi		ATTACHMENT 2.2-A Page 6c
	State:			OMB NO.: 0938-
Agency*	Citation(s)	Gro	ups Covere	ed
		andatory Cov equired Spec		tegorically Needy and Other (Continued)
		(4)	Medicaid c	ly inhibited by the lack of overage in their ability to work or obtain employment;
	±	(5)	provide for reasonable SSI (inclu- administer attendant	ings that are not sufficient to r himself or herself a equivalent of the Medicaid, ding any Federally ed SSP), or public funded care services that would be f he or she did have such
		<u>/x</u> /	receiving either doe	able with respect to individuals only SSP because the State s not make SSP payments or rovide Medicaid to SSP-only.
*Agency t	hat determines el	ligibility for (	coverage.	
======			-19-93	Effective Date
Supersede TN No.		Received	-27-92	HCFA ID: 7983E

Revision:	HCFA-PM-91- 1991	4 (BPD)	ATTACHMENT 2.2-A Page 6d OMB NO.: 0938-
	State:	Mississippi	
Agency*	Citation(s)	Groups Co	vered
	Α.	Mandatory Coverage - Required Special Grou	Categorically Needy and Other
1619(b)(3 of the Act		requirement and under qualify for the Act or meet the elements under who makes and who makes qualify or met the 1619(b)(1) Eligibility long as the under section.	applies more restrictive eligibility at s for Medicaid than under SSI 42 CFR 435.121. Individuals who benefits under section 1619(a) of individuals described above who ligibility requirements for SSI ander section 1619(b)(1) of the Act et the State's more restrictive at in the month before the month fied for SSI under section 1619(a) requirements of section of the Act are covered. for these individuals continues as ey continue to qualify for benefits ation 1619(a) of the Act or meet the ements under section 1619(b)(1) of
		proval Date 4-19-93	Effective Date 1-1-92
Supersede TN No.	28	te Received 1-27-92	

Revision:	HCFA-PM- 199		(BPD)	ATTACHMENT 2.2-A Page 6e OMB NO.: 0938-		
	State:		Mississippi	CMLD NO.: 0938-		
Agency*	Citation(s)	)	Groups Cove	ered		
			ndatory Coverage - C quired Special Group	Categorically Needy and Others (Continued)		
the Act	1634(c) of the Act		15. Except in States that apply more restrictive eligibility requirements for Medicaid than under blind or disabled individuals who			
Division o	f Medicaid		a. Are at least 18 y	vears of age;		
	<u> </u>		to OASDI child's the Act or an in their disability. individuals cont	ity because they become entitled be benefits under section 202(d) of crease in these benefits based on Medicaid eligibility for these inues for as long as they would SI, absent their OASDI		
			requirements th all of the amoun caused SSI/SSP increases are de	es more restrictive eligibility an those under SSI, and part or t of the OASDI benefit that ineligibility and subsequent educted when determining the able income for categorically		
			than those unde benefit is deduc	es more restrictive requirements er SSI, and none of the OASDI eted in determining the amount of the for categorically needy		
42 CFR 43	5.122	16		at apply more restrictive		
Division o	f Medicaid	eligibility requirements for Medicaid than under S individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicai under \$435.230), because of requirements that do not apply under title XIX of the Act.				
*Agency t	hat determ		gibility for coverage			
TN No Supersede	92-03 es		val Date 4-19-93	Effective Date 1-1-92		
	New	Date 1	Received1-27-9	2 HCFA ID: 7983E		

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1991

State: Mississippi

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Agency\* Citation(s)

Groups Covered

42 CFR 435.130 Dept. of Human Services

 ${\bf 17.}\ \ {\bf Individuals}\ \ {\bf receiving}\ \ {\bf mandatory}\ \ {\bf State}\ \ {\bf supplements}.$ 

\*Agency that determines eligibility for coverage.

TN No. 92-03	Approval Date	4-19-93	Effective Date 1-1-92
Supersedes TN No. New	Date Received	2-19-93	HCFA ID: 7983E

Revision:	HCFA-PM-91- 1991	1-4 (BPD)			ATTACHMENT 2.2-A Page 6f OMB NO.: 0938-	
	State:	Mis	ssissippi		OMB 110 0336-	
Agency*	Citation(s)		Groups (	Covered		
	Α.		ory Coverag ed Special Gi		ically Needy and Other	
		18.	for Medicaid continued, a essential to assistance. essential spe December 19 State's appr AABD and to December 19	as an essent as spouse, the well-being The recipies ouse is living 73 eligibility oved plan for the spouse control of the spouse con	ember 1973 were eligible ntial spouse and who have to live with and be ing of a recipient of cash ent with whom the ag continues to meet the cy requirements of the for OAA, AB, APTD, or continues to meet the ments for having his or computing the cash	
		<u></u>			icaid coverage of the nited to the following	
			Aged	Blind	Disabled	
		<u>/x</u> /			ember 1973, the essential for Medicaid.	
				,		
*Agency t	hat determines	eligibili	ty for cover	age.		
		proval D	ate4-19-	-93 <b>Effe</b>	ctive Date 1-1-92	
Supersede TN No		e Receiv	<b>red</b> 2-19-	-93 HCF	A ID: 7983E	

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Page 6g OMB NO.: 0938-

State: Mississippi

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.132

Division of Medicaid

- 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-
  - a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
  - b. Remain institutionalized; and
  - c. Continue to need institutional care.

42 CFR 435.133 Division of Medicaid

- 20. Blind and disabled individuals who-
  - a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
  - b. Were eligible for Medicaid in December 1973 as blind or disabled; and
  - c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

\*Agency that determines eligibility for coverage.

TN No. 92-03 Supersedes TN No. New

Approval Date \_\_4-19-93

Effective Date 1-1-92

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1991 OMB NO.: 0938-Mississippi State: Agency\* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.134 21. Individuals who would be SSI/SSP eligible except Div. of Medicaid for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. *[*] Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).  $\overline{X}$ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or a nursing facility (this group was included in this State's August 1972 plan). Not applicable with respect to nursing facilities; 11

the State did or does not cover this service.

\*Agency that determines eligibility for coverage.

TN No. 92-03	Approval Date	4-19-93	Effective Date	1-1-92
Supersedes TN No. 87-9	Date Received _	2-19-93	HCFA ID: 7983E	

Revision:	HCFA-PM- 1991	·91-4 (BP	D)	ATTACHMENT 2.2-A Page 8 OMB NO.: 0938-
	State:_		Mississippi	
Agency*	Citation(s)		Groups Co	vered
			ry Coverage - Ca 1 Special Groups	tegorically Needy and Other (Continued)
42 CFR 43	5.135 f Medicaid	22. Indi	viduals who	
Division o	i Weulcalu	S		SDI and were receiving me ineligible for SSI/SSP after
	2	s r e	cost-of-living inc section 215(i) of t month for which t	ible for SSI or SSP if reases in OASDI paid under the Act received after the last he individual was eligible for SSP and OASDI, concurrently, om income.
		1	receiving only does not make	e with respect to individuals 7 SSP because the State either 8 such payments or does not 8 said to SSP-only recipients.
		1		e because the State applies more gibility requirements than SI.
		<u> 1</u>	requirements amount of inc ineligibility a deducted whe	than those under SSI and the rease that caused SSI/SSP and subsequent increases are n determining the amount of ome for categorically needy
*Agency t	hat determi	nes eligibilit	y for coverage.	
		Approval De	4-19-93	Effective Date 1-1-92
Supersede TN No	87-9	Date Receive	ed <u>1-27-92</u>	HCFA ID: 7983E